## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

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10/599616

FILING DATE

10-3-06

PPLICANT(S)

SERIAL NO.

**CLAIMS** 

Barbara Campbell, PCT National Stage

IND. DEP. IND. DEP. IND. DEP.  1		AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT	
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PTO - 1360 (REV. 11/04)

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